Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Pate
P.O. Box 1450
Alexandria, Virginia 25

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

| INSTRUCTIONS: This appropriate all further indicated units maintenance fee northca | forneshould be used for conspondence including below or directed others. | or transmitting the ISSU ng the Patent, advance of herwise in Block 1, by (a | | | | should be completed where correspondence address as arate "FEE ADDRESS" for | |
|--|--|--|--|---|---|---|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | |
| 25944 7590 09/03/2010 OLIFF & BERRIDGE, PLC | | | | Certificate of Mailing or Transmission | | | |
| P.O. BOX 32085 | | | I i St ad tra | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
| | | | | | | (Depositor's name) | |
| | | | | | | (Signature) | |
| | | | | | | (Date) | |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTO | PR . | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/591,299 08/31/2006 | | | Susumu Noda | | 128699 | | |
| TITLE OF INVENTION | : TWO-DIMENSIONAL | , PHOTONIC CRYSTA | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUI | PREV. PAID ISSUE | FEE TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO | \$1510 | \$300 | \$0 | 01812 199999 1880UNBS 818 C / | 12/03/2010 | |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | 11/04/2010 SMOHAMM1 00000052 10591299 01 FC:1501 1510 1 | | .=.= | |
| KIANNI, KAVEH C | | 2883 | 385-129000 | 02 FC: | 1504 | 1510.00 OP | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (1) the names of up or agents OR, alterna (2) the name of a sin registered attorney o 2 registered patent at | r printing on the patent front page, list the names of up to 3 registered patent attorneys ents OR, alternatively, the name of a single firm (having as a member a cered attorney or agent) and the names of up to isstered patent attorneys or agents. If no name is a no name will be printed. | | | |
| 3. ASSIGNEE NAME A | ND RESIDENCE DATA | A TO BE PRINTED ON | I THE PATENT (print or t | ype) | | | |
| PLEASE NOTE: Unl | ess an assignee is identi | | data will appear on the | patent. If an assigne | ee is identified below, the c | locument has been filed for | |
| (A) NAME OF ASSIGNEE Kyoto University TDK Corporation (B) RESIDENCE: (CITY and STATE OR COUNTRY) Kyoto, Japan Tokyo, Japan | | | | | | | |
| - | | categories (will not be pr | | | rporation or other private gr | oup entity Government | |
| 4a. The following fee(s): Size Fee Publication Fee (N Advance Order - 4 | o small entity discount p | | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Check No. 233166 (\$1810.00) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0461 (enclose an extra copy of this form). | | | | |
| | s SMALL ENTITY statu | s. See 37 CFR 1.27. | | | L ENTITY status. See 37 C | | |
| NOTE: The Issue Fee and interest as shown by the | d Publication Fee (if requeenced) of the United Sta | aired) will not be accepted tes Patent and Trademark | d from anyone other than Office. | the applicant; a regis | stered attorney or agent; or t | he assignee or other party in | |
| Authorized Signature | Chin | | | Date November 3, 2010 | | | |
| Typed or printed name | Obert H. Ch | u | | Registration No 52 , 74 4 | | | |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450. Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.